

REQUEST FOR SUBDIVISION

PRE-APPLICATION REVIEW

PUBLIC HEALTH – SEATTLE & KING COUNTY

ENVIRONMENTAL HEALTH DIVISION

Complete the following and submit with the appropriate fee.  
Fee...\$345 plus \$115 per lot.

•NOTE•

THIS APPLICATION IS FOR PRELIMINARY  
REVIEW OF PROPOSED METHODS OF  
SEWAGE DISPOSAL AND WATER SUPPLY

Check Appropriate Box: SUBDIVISION ☐ SHORT SUBDIVISION ☐

SUBMIT APPLICATIONS TO:  
EASTGATE DISTRICT HEALTH CENTER  
14350 SE EASTGATE WAY  
BELLEVUE, WA 98007  
(206) 296-4932

APPROXIMATE STREET ADDRESS\_\_\_\_\_

NAME AND/OR NUMBER OF D.D.E.S. APPLICATION\_\_\_\_\_

LEGAL DESCRIPTION\_\_\_\_\_

PARCEL # 

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NUMBER OF ACRES \_\_\_\_\_ NUMBER OF LOTS TO BE REVIEWED \_\_\_\_\_ SMALLEST LOT SIZE \_\_\_\_\_ SQ. FT.

OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

AGENT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

THE FOLLOWING INFORMATION MUST BE PROVIDED:

WATER SUPPLY (Complete Section 1, 2 or 3 below):

Section 1. ☐ Existing Public Water Supply \_\_\_\_\_  
Attach Certificate of Water Availability (Name)

Section 2. ☐ Proposed Public Water Supply \_\_\_\_\_  
(Name)

- |  |   |
|--|---|
| <input type="checkbox"/> Declaration of Covenant(s) Attached                 | <input type="checkbox"/> Recording # _____, or<br><input type="checkbox"/> To be recorded with final approval |
| <input type="checkbox"/> Restrictive Covenant(s) (if applicable)<br>Attached | <input type="checkbox"/> Recording # _____, or<br><input type="checkbox"/> To be recorded with final approval |
| <input type="checkbox"/> Water Use Agreement Attached                        | <input type="checkbox"/> Recording # _____, or<br><input type="checkbox"/> To be recorded with final approval |
| <input type="checkbox"/> Waterline Easements Attached                        | <input type="checkbox"/> Recording # _____, or<br><input type="checkbox"/> To be recorded with final approval |

Section 3. ☐ Individual Wells (Minimum lot size required for individual well is 5 acres)

☐ Adequate water availability to be demonstrated prior to final approval or statement that an adequate water supply has not been demonstrated.

☐ Protective covenants to be recorded prior to final subdivision approval

SEWAGE DISPOSAL (Complete Section 1, 2 or 3 below):

Section 1. ☐ Existing Sewer System \_\_\_\_\_  
Attach Certificate of Sewer Availability (Name)

Section 2. ☐ Individual On-Site Sewage Systems  
Attach Soil Log Descriptions including soil type designation; (Minimum 1 per lot) and  
Plot Plan (to include lot lines, lot sizes, location of existing sewage system(s) and soil log holes)

Section 3. ☐ Community/Larger On-Site Sewage System (Attach Preliminary Report)

I, hereby, certify that the information given in this application is a true and accurate representation of the existing conditions on this plat.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Name of Certified Designer (please print) \_\_\_\_\_ K.C.I.D. # \_\_\_\_\_

Signature of Certified Designer \_\_\_\_\_ Date \_\_\_\_\_

☐ APPROVED

☐ DISAPPROVED \_\_\_\_\_  
(Date) (E.H. Specialist) (District Supervisor)

COMMENTS/CONDITIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE RECEIVED